



Tryout Registration Form Derby City Rossoneri



Last Name _____ First Name _____

Date of Birth ___/___/____ Boy Girl Grade in Fall _____

Parent/Guardian Name _____

Address _____

City _____ St _____ Zip _____

Home Phone _____ Mobile Phone _____

Parent Email Address (required) _____

Recent Soccer Experience _____

Positions Played Forward Midfielder Defender Goalkeeper

Parent: Please read the following and initial each statement, indicating that you understand the commitments required to play in the DCR Select program:

_____ I am aware that playing involves travel and weekend tournaments.

_____ I am aware that DCR requires both a fall and spring commitment.

_____ I am aware that DCR teams practice two to three times weekly.

Consent for Medical Treatment and Liability Waiver

I, the parent/guardian of the registrant, a minor, agree that I recognize the possibility of physical injury associated with soccer and in consideration of Derby City Rossoneri (DCR) accepting the registrant for its Select Tryouts, I hereby release, discharge and/or otherwise indemnify DCR, and its volunteers, associated personnel, including owners of fields and facilities used for Select Tryouts, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the Select Tryouts.

Parent/Guardian Signature X _____ Date ___/___/____

Bring this form along with your \$10 tryout fee.

Also bring:

Cleats

Shin Guards

Soccer Ball

Water